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To: U.S. Patent and Trademark Office – From: Christian R. Andersen
MAIL STOP: Amendment Specialist – Intellectual Property
Examiner: D.M. NGUYEN
Group Art Unit: 2543
Confirmation No.: 5075

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Fax: 571-273-8300 Pages with 13
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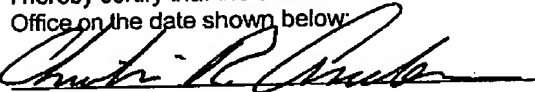
FORMAL SUBMISSION OF:

- | | |
|--|--|
| 1) Amendment Transmittal | 4) Terminal Disclaimer; and |
| 2) Petition for One (1) Month Extension of Time; | 5) Amendment In Response to Non-Final Office Action. |
| 3) Fee Transmittal; | |

Title: AUTOMATED TELEPHONE LINE TEST APPARATUS WITH INTELLIGENT DIAGNOSTIC FUNCTION
Serial No. 10/653,601
Filing Date: September 2, 2003
First Named Inventor: Robert J. LYSAUGHT
Atty. No. 00-VE20.59 DIV 1
Customer Number: 32127

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the above-referenced documents are facsimile transmitted to the Patent and Trademark Office on the date shown below:


Christian R. Andersen

Date of Transmission: December 21, 2005

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#1742 v1

AMENDMENT TRANSMITTAL LETTER				Docket No. 00-20.59DIV1	
Application No. 10/653,601-Conf. #5075		Filing Date September 2, 2003		Examiner D. M. Nguyen	
Art Unit 2643					
Applicant(s): Robert J. Lysaght et al.					
Invention: AUTOMATED TELEPHONE LINE TEST APPARATUS WITH INTELLIGENT DIAGNOSTIC FUNCTION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	5	- 20 =	0	x	
Independent Claims	3	- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-2347</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Joseph R. Palmieri Attorney Reg. No.: 40,760 VERIZON CORPORATE SERVICES GROUP, INC. c/o Christian R. Andersen 600 Hidden Ridge Mailcode HQE03H14 972-718-4800					Dated: <u>December 21, 2005</u>
Amendment Transmittal					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.					
Dated: December 21, 2005		Signature: <u>Christian R. Andersen</u> (Christian R. Andersen)			

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/653,601-Conf. #5075 Filing Date September 2, 2003 First Named Inventor Robert J. Lysaght Examiner Name D. M. Nguyen Art Unit 2643 Attorney Docket No. 00-VE20.59 DIV1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER DEC 21 2005	
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 07-2347 Deposit Account Name: Verizon Services Corp.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
		x				Fee (\$) Fee Paid (\$)	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
		x					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
		- 100 =	/50 (round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer							130.00

SUBMITTED BY		Registration No.	Telephone
Signature		40,760	972-718-4800
Name (Print/Type)	Joseph R. Palmieri	Date	December 21, 2005

Fee Transmittal I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. Dated: December 21, 2005 Signature: (Christian R. Andersen)	
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